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DRUGS AND THE JUVENILE JUSTICE SYSTEM

HEARING

BEFORE THE

SUBCOMMITTEE ON
ALCOHOLISM AND DRUG ABUSE

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

NINETY-EIGHTH CONGRESS

SECOND SESSION

ON

EXAMINATION OF THE SYSTEM USED BY COURTS IN HANDLING DRUG-RELATED OFFENSES AMONG JUVENILES

DECEMBER 6, 1984
MIAMI, FL

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CONTENTS

STATEMENTS

THURSDAY, DECEMBER 6, 1984

Miami, FL

	Page
Fontaine, Mark, training director, Florida Alcohol & Drug Abuse Association; Frank Nelson, program supervisor, HRS Alcohol, Drug Abuse and Mental Health Officer; Shirley Coletti, executive director, Operation PAR, Substance Abuse Prevention, Education and Treatment Programs; and Richard Harrington, administrator, Metro-Dade Alcohol and Drug Abuse Program	3
Mike, Tito, Ramon, and Sue	16
McBride, Duane, Dr., department of psychiatry, school of medicine, University of Miami	31
Introductory comments	34
Nelson, Frank D., supervisor, drug abuse program, PDADMAD HRS—Tallahassee, FL	38

DRUGS AND THE JUVENILE JUSTICE SYSTEM

THURSDAY, DECEMBER 6, 1984

U.S. SENATE,
SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE
OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES,
Miami, FL.

The subcommittee met at 9:55 a.m., in commission chambers, Miami City Hall, 3500 Pan American Drive, Coconut Grove, FL, Senator Paula Hawkins (chairman of the subcommittee) presiding.

Present: Senator Hawkins.

OPENING STATEMENT OF SENATOR HAWKINS

Senator HAWKINS. Good morning.

The purpose of this hearing is to examine how the drug-addicted or drug-troubled juvenile offender is treated within the Florida juvenile justice system.

Over the years, Florida has set up an elaborate evaluation system, designed to see that troubled children—children who have a run-in with the law and who may have additional alcohol, drug abuse, mental health, or other problems—get help.

We want to see—and Florida over the years has tried to see—that they are sent to a center or a home where they can work out their problems.

The Federal Government gives this State a lot of money to run these programs. Over $24 million this year came from the Federal Government, earmarked for alcohol, drug abuse, and mental health programs. I have a responsibility to watch very, very closely to make sure that money is spent where it is needed, and this hearing is designed to do just that.

The American taxpayers have entrusted Florida with this money and have a right to know how well it is being spent, where it is being spent, are programs doing what they are designed to do, and are they serving the children they are supposed to serve?

As the system is designed here in Florida, a juvenile offender is taken in and evaluated by the State before sentencing. The evaluator then draws a proposed treatment plan which is presented to the judge. There are 17 types of programs to choose from in deciding where a juvenile offender will be sent, from outpatient community mental health centers, to halfway houses, to wilderness survival camps, to short-term adolescent rehabilitation treatment, which is called START, to a short-term offender program, which is called STOP, and right on up to the State training schools. The State training school is the juvenile prison. We want the public to understand that the State training school is the juvenile prison.

The question that we are addressing today is: Are children with both drug problems and problems with the law getting the help needed to return them to a healthy, active participation in society, or, as has been charged, are thousands of children being sent away to rot in juvenile prisons with no treatment, all because some poorly trained, overworked evaluator, who did not have the time or did not know enough to ask the right kinds of questions, failed to determine that the child had a drug or alcohol problem and report it to the judge?

It is the consensus among the treatment community that there is an ironic catch 22, which is very dangerous, and which occurs at the State training school level.

The attitude there seems to be: Addicts go to treatment and criminals go to jail. If the kid is at our doorstep, he cannot have a drug problem because, if he did, he would not be at our doorstep, and since he does not have a drug problem he does not need any help.

It is pretty confusing, but the bottom line is this: A juvenile offender has one chance to prove that he has a drug or alcohol problem and is in need of help, and that is during the too often unreliable evaluation procedure.

I am not saying that the criminals should go free and that they are all a bunch of little darlings over in Okeechobee, but you have to consider that there have been estimates that as many as 80 percent of the youth in Florida's State and juvenile prisons ought to be some place else.

Thousands of kids are put in a place where, rather than learning about themselves and how to cope with their substance abuse problems, rather than getting straight and studying for their high school equivalency diploma, are instead shut away in what they call "the hole" where the only lessons they learn are how to steal, how to fight, how to pimp and how to run.

Another important question for the citizens of Florida to consider is, when we are talking about children with drug problems, are there drugs in the prisons?

Listen to this testimony given before my subcommittee in May of this year, 1984. The speaker was Richard Lane, who is now the director of a drug treatment center in Baltimore.

> I came out of prison addicted. I had about a yearlong run where I had the daily use of heroin in prison. Narcotic drugs are available in prison, just like they are on the street—just maybe not as much and not as frequent. They make weapons in prison. There are robberies in prison. There is prostitution in prison. Everything that goes on outside the prison goes on inside the prison. It is a city within a city. You have dealers in prison competing with one another, just like you do on the street.

That picture is tragic. Even more so is the testimony we will hear today, which indicates that much of the same behavior is going on in the juvenile facilities of the State of Florida.

Problems are not eliminated merely by throwing money at them. In fact, there is a question of whether the money spent so far has helped. Most of the problems are in streamlining, setting priorities.

There are some definite areas that can be improved, and we hope this hearing today will help by pointing out where help is needed the most.

The first panel is seated down here patiently in front of me. We will have three panels today. The first panel is made up of members of the treatment community.

We have with us Mr. Mark Fontaine, who is the training director at the Florida Alcohol and Drug Abuse Association, which is the association of Florida treatment centers. We also have Mr. Frank Nelson, of the Alcohol and Drug Abuse Department of HRS, and he will give us an idea of how the State is spending the money that it receives.

We also have Mr. Richard Harrington, who was with me yesterday, and who is the administrator of the Metro-Dade Alcohol and Drug Abuse Placement Program. His office is responsible for seeing that Dade County's youthful offenders receive the proper treatment.

Finally, we have my good friend, Shirley Coletti, who wears two hats. She is president of the National Federation of Parents for Drug-Free Youth, and she is also the director of a marvelous program called Operation PAR, of Clearwater, which I visited yesterday. Operation PAR is a drug abuse prevention and treatment facility with some of the Nation's most progressive and effective programs.

We are here to learn from this professional panel and, Mr. Fontaine, I understand that you have a problem with having to leave early, so we would like to ask you to give your statement at this time, after which I will have a couple of questions for you.

STATEMENT OF MARK FONTAINE, TRAINING DIRECTOR, FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION; FRANK NELSON, PROGRAM SUPERVISOR, HRS ALCOHOL, DRUG ABUSE AND MENTAL HEALTH OFFICE; SHIRLEY COLETTI, EXECUTIVE DIRECTOR, OPERATION PAR, SUBSTANCE ABUSE PREVENTION, EDUCATION AND TREATMENT PROGRAMS; AND RICHARD HARRINGTON, ADMINISTRATOR, METRO-DADE ALCOHOL AND DRUG ABUSE PROGRAM

Mr. FONTAINE. Thank you, Senator Hawkins.

My name is Mark Fontaine, and I am here today representing the Florida Alcohol and Drug Abuse Association.

The Florida Alcohol and Drug Abuse Association is a nonprofit membership organization, representing more than 60 drug abuse and alcohol prevention and treatment agencies throughout Florida. Our membership includes both publicly funded agencies, as well as proprietary programs.

The Florida Alcohol and Drug Abuse Association is actively involved in advocacy efforts relevant to the problems of alcohol and drug abuse. These efforts are primarily at the State level, with the Florida Legislature, as well as with numerous State agencies.

Our organization also works closely with the many concerned parent groups in Florida, and we are proud of the fact that Florida has played a leadership role in the development of these groups.

As a representative of alcohol and drug abuse prevention and treatment agencies, I appreciate the opportunity to participate in this hearing on what is a critical topic, the treatment of juveniles

with substance abuse problems by the Florida juvenile justice system.

For several years, the Florida Alcohol and Drug Abuse Association has expressed concern that, at the State level and within the existing juvenile service system, very little has been done to provide a systematic approach to dealing with juvenile offenders with substance abuse problems. I would like you to consider the following facts:

A 1981, a Florida Legislature oversight report of the Department of Corrections' Youthful Offender Program indicated that 5,000 of approximately 8,000 male youthful offenders, or 63 percent, had a significant substance abuse problem.

Although this same document identified a need for treatment resources within the Youthful Offender Program, to my knowledge nothing has been done.

Although we are not aware of data available on the extent of substance abuse problems within the State's juvenile training schools, in my opinion it would be safe to assume that there is an equally significant problem within this population.

Just as there has been no attempt to systematically assess the extent of alcohol and drug abuse problems within the State's training schools, likewise there are minimal or no treatment services in the training schools specifically to address alcohol and drug abuse problems. In fact, within the Department of Health and Rehabilitative Services' Children, Youth and Families Program office, which deals with thousands of Florida's youth, including those in training schools, almost no mention is made or attention given to the problems of alcohol or drug abuse.

At the local level, most communities in Florida do their best within extremely limited resources to divert juvenile offenders into local community treatment programs. In some communities, treatment alternatives to street crime, or TASC programs, assist the courts in identifying juvenile offenders with an alcohol or drug problem. When appropriate, these individuals are diverted into treatment as an alternative to traditional processing.

The lack of adequate and appropriate treatment services for adolescents is another problem that exists across the State. Reductions in Federal block grant funds, coupled with insufficient State resources, have forced many communities to provide just basic treatment services, with no capability to develop specialized programs, such as those needed for adolescents.

It should be noted that treatment programs for adolescents are more expensive than other programs, as services must be provided to the family as well. As a result, in many communities the only treatment services available for adolescents are in the same programs which treat the adult population.

All of these issues are compounded by the fact that there is inadequate training on adolescent drug and alcohol use for all of the providers within the juvenile justice system. These providers include judges and other court personnel, detention center staff, intake workers, counselors, teachers and guards at the training schools, juvenile probation officers and others who work within that system.

It is a more preventive mode—school teachers, guidance counselors, ministers and parents who deal with youth who are not adequately trained to recognize the symptoms of adolescent alcohol and drug abuse. If adequately trained, these individuals have the best opportunity to surface problems with youth long before the child becomes involved with the juvenile justice system.

The situation is not totally bleak. In the last 2 years, a small number of programs specifically for adolescents with alcohol and drug abuse problems have been funded by the State, and it is our understanding that more are planned.

At least one of the training schools is investigating ways to provide alcohol and drug abuse education and treatment services to its populace. In addition, the Florida commission on drug and alcohol concerns, established several months ago by Governor Graham, gives us new hope that these problems will be addressed.

In summary, there does exist in Florida the need for specialized treatment services for juveniles with alcohol and drug problems, both in local communities within the juvenile justice system and within State institutions. The Florida Alcohol and Drug Abuse Association would recommend the following suggestions to help alleviate this problem. The Federal Government should provide leadership and resources to assist with this problem.

Second, the State should develop a system which provides data regarding the number of juveniles with an alcohol and/or drug problem, who are involved in the juvenile justice system and who are detained within State-operated institutions.

The State should develop appropriate alcohol and drug abuse services for those within State-operated institutions, utilizing community-based programs whenever possible. The State should provide greater leadership to ensure that adequate assessment and treatment services for juveniles with an alcohol and/or drug problem are available in all communities throughout Florida.

Court diversion programs, such as TASC, which assists the courts in identifying offenders with an alcohol or drug problem should be expanded to provide more services for juveniles. All juvenile justice system employees—including judges and other court personnel, detention workers, institutional counselors and staff, probation officers, intake workers and others—need to be trained in basic pharmacology, how to recognize symptoms of alcohol and drug abuse, and techniques for making appropriate treatment referrals.

Finally, teachers, counselors, school resource officers, parents and others dealing with youth need to be taught skills in assisting youth to develop positive lifestyles, minus the use of alcohol and drugs. They also need to acquire knowledge in basic pharmacology, how to recognize symptoms of alcohol and drug abuse, and techniques for making appropriate treatment referrals.

That concludes my remarks and I will be happy to take any questions.

Senator HAWKINS. We appreciate your testimony, Mr. Fontaine.

You listed several things that you thought the Federal Government could do to help the State figure out how to improve what has apparently been a very bad situation for a very long time; it is not something that happened in 1984. We can go back and we have a long history here of nobody knowing what to do.

Many of the people that I have talked to—when the parent finds out that the child is on drugs, they call the doctor and the doctor knows nothing about it, and they call their minister and everyone they can and they find out that, really, nobody knows very much about it.

I was on the drug abuse task force in 1966, which is almost 20 years ago, in Orange County, in Orlando, where we were working on solutions to this problem. At that time, if anybody's children were on drugs we whispered it to someone else and it really was not a big item on anybody's ticket.

I feel that part of the problem is that children do not vote, children have no constituency, and therefore if the parents do not want to talk about it and get organized the children are lost. We have seen some change in parental behavior lately, but we are still way far behind, and the parents have a great responsibility here. I do not want to lay any more guilt on the parents.

Some parents are so guilt ridden that it is just awful. The community, in my opinion, should provide this service. Why has Florida never had, a juvenile drug rehabilitation program separate from the adult program. Do you know?

Mr. FONTAINE. As I understand it, the issue has been when the programs were set up years ago, when we were getting the money from the National Institute on Drug Abuse to set up the programs, they were set up, and basically what we have been doing over the last several years is maintaining those services, all of which were needed services, but most of the programs around the State are filled to the brim right now, and we even have waiting lists, so basically what we are doing is maintaining services that are needed, and we have this whole other population, and some communities have services and others, like Miami, do not, and there is no money for setting up specialized services for that population without taking away from some of the other services that are existing and needed.

I am sure that Richard will address that.

Senator HAWKINS. Yes, and I would like you to consider the possibility of following Pinellas County's example, where way back in the fifties, early on—they set up their juvenile welfare board, which has a taxing authority with revenue going just to the children.

Every time I want a model program, I call Saint Petersburg and see what they have over there, which baffles my colleagues, because they have an idea that over in Saint Petersburg everybody is sitting on a park bench feeding the pigeons. They are the prototype, as far as I am concerned, and Florida—particularly Dade County—should do something like that.

Mr. FONTAINE. I would have a hard time answering that. I think the counties are already talking about the needs for the services, and we can see that—when the State will announce the grant for a juvenile treatment program—we will get many, many proposals from many, many communities, saying "We need that service, we need that service," whether the counties are actually willing to turn around and create taxing authorities like the juvenile welfare board, which has been very successful—I am not sure that the people from the respective communities will accept that.

Senator HAWKINS. Look how fast we slapped a tax on gas and how fast we will put a bed tax on the hotels, and then earmark all of that money to go to the convention center.

That seems to be the priority in order to continue to lure the tourists, and we continue to provide super-excellent roads, high-speed roads that they can drive on at 55 miles an hour, but we have overlooked, in my mind, the next generation who will be the leaders and who will make these decisions.

When we see the high percentage of all of the juveniles who are arrested have a drug problem—that's very troubling.

The kids know that more drugs are available on the streets in Florida than there were where they lived before, even though the drug outbreak is nationwide.

As chairman, I go to all of the States, and I must say that the people are very placid who live in North Dakota until we go there and have a hearing and show them that they have a real breakout of drugs and an abuse problem that is staggering, but no one had ever pinpointed it and now we are. But it seems to me that it is incumbent upon a professional such as yourself to make this plea and to work with the Metro-Dade community to explore that possibility, if nothing else.

I am willing to go to bat to try to get money to build a center, in Dade County. I am trying to do that right now. But at the same time we are in a budget crunch and we would like to see some money put in by the local community, which has the most to gain.

I know that you are not supposed to lobby or politic, but I think it is really incumbent upon the citizens of Dade County, themselves, to start recognizing that the priority should be the children. I can easily get Federal money. It is not hard to get money for a grant, but then you have to learn to wean yourselves off of that and get going on your own.

I think no one in the world can absorb the problems we have in Dade County in the 1980's. I do not know of any other city that could have withstood what happened here, and we are still reeling from some of the impact. But we are here and we are making progress and it seems to me that some focus needs to be made upon the citizens of this community, saying it is my responsibility, I want safe streets, and I want to have my child educated.

We are pouring millions and millions of dollars into the education system, but a kid on drugs cannot learn. He cannot remember. So I think some of that money should be spent on rehabilitating the kids so that they do not take drugs any more, and then maybe they can study and learn to be really law-abiding citizens and to help others.

The best drug counselors I know are those who have kicked the habit, and then they can show the kinds: "I have been successful, I have done this and that, and you can do it, too."

We have a great group of volunteers in Dade County, as you know, and in the State, but at the same time I think we maybe should make a plea to Metro-Dade for some help in this.

I think you are on the side of the angels, so far as I am concerned, so I would be glad to work with you in this plea, and then I can do whatever is necessary in Washington to see that you get the money.

Do you have any idea of why there is no training in the training schools and why there is no rehabilitation in the rehabilitation centers?

Mr. FONTAINE. I see it as just a priority within that institution, or within the probation departments. It simply comes down to that becoming a priority over something else, and I have not seen that as a priority.

I did get requests from at least one of the training schools, where the teachers have been doing something. Okeechobee has requested that we help them look into setting up a program at their training school, but that was the first time that we heard of this taking place.

I was a juvenile probation officer years ago, and in the time that I worked at juvenile probation we never had any training in alcohol or drug abuse, and I saw people every day having to be making those determinations, and they did not have the skills or knowledge or information to be doing that, and I have not seen that change much in the 8 years since I was doing that.

Senator HAWKINS. You also said that the judges need some training.

Mr. FONTAINE. Everybody needs training. You can go right on down the list, but the judges are the ones who make the determination as to whether they go to the training school or whether they go to an alternative program.

To be able to utilize the information that is collected—if a good evaluation is made—and to be able to say it really does appear that this person does have a drug or alcohol problem, and we need to treat that problem and create an alternative to give them that opportunity first, rather than sending them off to a training school, that is the kind of thing we are looking to the judiciary, to the judges to do.

Senator HAWKINS. As a professional, you would recommend not putting the juveniles in with the adults, would you not?

Mr. FONTAINE. As a professional, I would say that Dade County needs residential and other juvenile services. And I think that, as you were saying earlier, we need to look into creative ways of establishing those services that are needed, and I think we all have to explore ways of trying to create those services for this community.

Senator HAWKINS. Right now a judge has no recourse, if he decides to sentence a juvenile offender to a drug rehabilitation center, because that child would be in with 40-year-old men, is that right?

Mr. FONTAINE. Yes, except for one of the hospital programs.

Senator HAWKINS. What is the name of that program?

Mr. FONTAINE. It is the Dodge Hospital.

Senator HAWKINS. It has been brought to my attention several times, that if the parents feel that the child has a drug problem and sends them to the hospital, the insurance will pay for 28 days and that is it, and then they are out, and the kid is right back out on drugs; 28 days is not enough.

We appreciate your participating here today and I am looking forward to seeing Florida and Dade County as a better place for children.

Mr. FONTAINE. It was my pleasure.

Senator HAWKINS. The next witness will be Shirley Coletti, who is an expert in this field. She has some very good testimony for us.

Welcome, Shirley. You are awfully kind to come down here after the long day that we had yesterday in your county.

Ms. COLETTI. I am sure that my day was nearly as long as yours was, Senator Hawkins, and it is a pleasure to be here. It is a pleasure to be here representing actually two organizations that I have the privilege of serving with, one of which is Operation PAR, which is Parental Awareness and Responsibility, and the other being, as you said earlier, as chairman of the board of the National Federation of Parents for Drug-Free Youth. I will speak about Operation PAR first, and then we will deal a little bit with the National Federation of Parents for Drug-Free Youth.

Here in Dade County we have one of the most active, informed parents groups that we have in the entire United States and they are doing some very exciting things. Operation PAR is an agency that has a very simple philosophy, and that is to provide a comprehensive range of services to meet the needs of the parents and the child faced with the problem of substance abuse.

Over the past 14 years, PAR has carefully built a service delivery system that we feel addresses the needs faced by the communities for education and awareness, as well as the treatment of those in need. Annually, Operation PAR services well over 22,000 people.

Now, that sounds like a very, very high number, given the population of Pinellas County, but that number also includes the consumer drug education as well as over 9,000 elderly or the folks 65 and older, where we provide consumer education about proper prescription and over-the-counter drugs, which we feel is a very, very big problem.

The provision of prevention, education and intervention services as well as treatment has afforded Operation PAR a valuable vantage point from which to view the substance-abuse issues and to suggest some alternative strategies.

The first lesson that one learns when becoming actively involved with the provision of treatment services is that the overwhelming desire is to have it available to more kids sooner. It is difficult at best to admit youngsters to residential treatment facilities without wondering why the problem was not identified earlier.

With respect to juvenile treatment, there are several reasons why substance-abuse problems are not identified more frequently in the earlier stages.

We feel that, No. 1, quite often parents and/or teachers do not know exactly what to look for, or often they are unaware of what they are looking for as it relates to substance abuse.

Parents often deny that the problem even exists, thereby enabling the child to continue with his substance-abuse behavior.

Most communities have treatment programs for the more involved youth, be it combining with the adults or otherwise, but very few communities have adequate screening mechanisms to provide early intervention and identification of beginning substance-related problems.

Often, treatment resources are not closely networked with screening agents and other individuals who could provide accurate

information on developing problems. Often, youth substance-abuse problems are surfaced in conjunction with other juvenile justice problems, particularly those of a crime-related nature.

The first two reasons I cited relate to prevention and education issues. The last three reasons cited deal directly with intervention and treatment. Because the concern of this committee at this time is primarily intervention and the treatment of juvenile abusers, I would like to take this opportunity to elaborate on these issues.

Early diagnosis of a substance-abuse problem is a very, very difficult task to accomplish. Formidable barriers exist that inhibit identification by both parents and teachers.

The first barrier is denial by almost everyone. The system barrier that exists to the treatment of a child involved with substances is probably the most difficult to accept as a professional, but the reality is that the problem does exist. To fully understand the problem, we need to take a look at the dynamics of addiction as it relates to teens.

Involvement in substance use by teens and preteens has the tendency to brand them as members of a certain group of druggies. The activity of drug use is expensive and it requires access to substantial amounts of ready cash. Also, since substance use is an illegal activity, involved teens have begun to associate themselves with criminals. Now, maybe these criminals are with a small "c" but they are criminals nonetheless. These factors tend to involve children in various forms of behavior that, at the very outset, are extremely annoying, and that at the worst bring them to the attention of the juvenile authorities—runaways, curfew violations, school disciplinary problems, thefts, possession of alcohol and/or controlled substances—and these are all activities familiar to most young people involved with substance use. When the school system responds to the ungovernable child or to the delinquent with underlying substance abuse, what is the response?

In some communities and States, the immediate response is to process the youngster through the juvenile justice system. The juvenile justice system is just that, it is just a system and not a treatment system. Numerous reports are available on the failure of both the juvenile and adult systems in their efforts to rehabilitate the incarcerated offender.

How could the system hope to meet the special needs, then, of the substance-abusing child? From a historical perspective, the dilemma faced by the juvenile justice system in substance abuse treatment is not new. This is not new. However, we believe that there has to be some recognition of the present problems that we have.

In the early days of LEAA—the Law Enforcement Assistance Administration—funding was generally available for services like training schools and so forth. However, for the less seriously involved child, very, very few, if any, services were available, and then, as time passed, more services became available for minors in need of supervision and the nongovernable child. The country experienced a rise in substance abuse among young people, with the justice system that was in place to deal directly with the youthful offender.

The fact that drug use is a criminal offense and the knowledge that most of the young people involved in drug use also exhibited other often more serious criminal activity, it is understandable how many young people with a substance-abuse problem have been committed to juvenile prisons, detention facilities, or training schools. Although we are aware of how this phenomenon has occurred, that does not explain why it continues to occur.

As mentioned earlier, substance-abusing individuals are often difficult to deal with, and most people will admit that some type of service or intervention is required in the life of the substance-abusing child.

Very often, the only consistently available services in some of the communities has been those provided by or through the juvenile justice system. Unfortunately, the majority of justice-related services are not designed to address the specific needs of the substance-abusing child.

Additionally, since the primary emphasis of the service does not relate to drug use, very often drug activities as well as drug use itself will continue while in these facilities.

When drug treatment funds first became available, the finances were directed to the needs of the hardcore opiate addicts and adult offenders. Where treatment facilities are available and there is adequate screening and liaison between treatment and the justice system, more children are generally placed in treatment, instead of dealing with their behavior as purely a crime-related problem. However, where services are scarce or where appropriate linkages are not in place between treatment and the justice system, young people are often referred on the basis of the criminal charge and not on the basis of the underlying substance-abuse problem. Only recently, in the last 5 years, have adolescent substance-abuse treatment facilities really blossomed out throughout the country.

In order to adequately service the youthful substance abuser, we need to disregard attitudes that label them as delinquents, ungovernable, or as criminals, and to provide services based upon their need and not their adjudicated status.

Treatment has come a long way. A trip to an adolescent substance abuse facility will open your eyes to the kind of programing that takes place in those facilities. The common denominator at a substance abuse treatment facility is that the staff demonstrates concern for the children. Qualified staff, parental involvement and the commitment of the child to take a look at his or her previous behavior and to attempt to change are essential ingredients of a successful drug treatment program.

Many programs vary in length, cost and to some extent staffing patterns, but most of the successful programs have the basic ingredients outlined above.

The 1984 national strategy for the prevention of drug abuse and drug trafficking identifies the need for local community-based treatment facilities. The reality of the situation is that money to develop treatment facilities of families in need is scarce.

The development of local private, not for profit juvenile treatment facilities require local identification of need and the marshalling of all available community services to begin development. However, quite often there is a need for State and Federal leader-

ship assistance in providing need or startup funding to assure adequate distribution and availability of services to the clients and to their families.

The white paper on children and drugs, prepared by the American Council on Marijuana and Other Psychoactive Drugs, in cooperation with the National Federation of Parents for Drug-Free Youth, clearly surfaced the need for adolescent treatment services.

Now, I have just been handed a note here requesting that I submit my remarks for the record, and I will be happy to do so. But before I close, Senator Hawkins, I would like to say just one thing on the part of the National Federation of Parents.

Throughout this country, we have about 6,000 parent groups that are mobilizing and trying to educate other parents, school officials and their communities. This is a movement that I think must work in tandem with anything the Congress does and with anything that our local legislatures do, because without the involvement of parents we cannot begin to solve the problem.

In summary, I would like to reiterate that the substance-abusing child requires treatment designed to address the abuse. Although he or she may be under the jurisdiction of the justice system for criminal offenses, there needs to be an understanding that many times there is a pattern to the substance abuse and the criminal behavior which are linked.

Although we are not advocating dismissing the severity of the criminal charges, we are advocating providing the youth treatment that will address the substance-abuse behavior.

Additionally, it is my belief that treatment of substance abuse is best completed in a therapeutic treatment setting, and not in the setting of a training school or similar facility.

Thank you.

Senator HAWKINS. I am sure that you are aware that Mrs. Abraham, who was very much interested in the informed parents group, was murdered yesterday.

Ms. COLETTI. No; oh, my.

Senator HAWKINS. Yes, and I thought that you knew.

Ms. COLETTI. No, I did not.

Senator HAWKINS. I feel that this hearing is very timely, because nothing could be better for her memory.

Ms. COLETTI. That is very, very sad, but I thank you for telling me.

Senator HAWKINS. She was very influential in this particular work. Your testimony has been very complete and specific, and if you will give a copy of your remarks to somebody, I will appreciate it and they will be included in the record.

Ms. COLETTI. I will be happy to do so, and I thank you, Senator Hawkins.

Senator HAWKINS. We will now hear from our next speaker.

Mr. NELSON. Thank you, Senator Hawkins.

I am Frank Nelson, supervisor of the Drug Program for the Department of Health and Rehabilitative Services. Essentially, our responsibility relates to the funding of the drug treatment programs throughout the State and for the standard setting of those programs.

I might add that the State picture in terms of services is rapidly changing because of the large number of private programs that are creeping into our State without being headquarters in our State. These essentially are private, not for profit programs, and they are expensive, as you know.

Our present treatment system, which has been in operation for a number of years, and which is well established for adults, is running at 110 percent capacity, so there is still room for a number of private programs to develop in this State.

There are a number that have, in just the last few months, opened, so when we talk about the availability of treatment services, we talk on one hand about the public sector, and then a very large private contingency out there that is probably as large in this State as anywhere else in this country.

The point about them being very expensive and the shortage of insurance money is a very real situation in this State, because we have a very serious and rising problem with cocaine, and most of the treatment programs have to provide immediate emergency medical services to those clients which in many cases are now being provided by the newly developed private treatment programs, and the average cost is about $300 a day, $300 to $375 a day, so people who have insurance are getting that now, and they are going through the 28-day process and they are depleting their insurance coverage, and the majority of these kids are so wasted by the time that they have had some experience with cocaine that they need probably a year, so then there is the reliance back on the public program and the public program is already overloaded.

In 1982–83, there were 13,599 Florida juveniles arrested for drug and alcohol offenses. During that same period of time, the treatment system accepted about half that number into treatment.

Now, when you consider the fact that the number of children who needed treatment and who were not processed through the juvenile system, and that there were a lot of others who came from a lot of other areas, then you will understand that we are touching really only a very small number of the ones who probably need services.

It has been estimated that throughout this Nation there are about 2 million homeless, transit juveniles without parental or adult supervision, and who are heavily involved in drugs, alcohol and prostitution, as well as other illicit behavior to support abuses. Florida has a significant number of those kids and, as you well know, attracts a number of kids with these problems from other States.

There are three developments that are currently going on in this State which offer some help with the problem. One is the recommendations of the Governor's task force which is due out in January, and I understand that they have spent a lot of time on this particular issue and this client population.

The other one has to do with funding that is in the department's budget for 1985 and 1986, and there are a number of special projects in that. The third item of significance is the possible broadening of the task of treatment alternatives.

The program that we have, which started out essentially 13 years ago as an adult program for heroin addicts, has now spread

43-811 O - 85 - 2

and, even though it was not designed or intended for juveniles, has juveniles as about 75 percent of its population, and the intent is to expand that even more to include a screening process for those kids.

Probably the most exciting thing that I see coming down is—you hear a lot about people who are poorly prepared and people who are inadequately trained to make the correct disposition of the kids and so forth.

Florida has for 18 months been working with the Department of Justice and is really focusing on pilots that will zero in and really put the community under glass and analayze who is responsible for the kid and where the weaknesses are in the system and who has the poor training and who is not doing what they are supposed to be doing, and to bring their solutions together. That program will begin to move very shortly.

We will begin in Jacksonville. Three of the five test sites under this program are in Florida—Jacksonville, Saint Petersburg-Clearwater, and Miami—and the beauty of the effort is that it is not creating a whole big new system. We have enough systems, as it is.

One of the interesting things about it is that it is not going to cost a lot of money, but it is going to be heavily involved in top leadership of the local judicial system, school system and treatment system, et cetera, and really see where the gaps are and who is not doing what and where the training is needed, and I think this is a very exciting kind of development and it offers an opportunity to model, I think, for communities all over this country and it will not require a lot of money to do it but will require a lot of cooperation and a lot of honesty. And people in our group will have to admit what they are not doing, we will have to admit to weaknesses in the system, but the focus really will be to work for the good of this population, which is a very critical problem in this State.

Senator HAWKINS. It is no accident that we have that many centers in Florida. I worked very hard for that and, in fact, they tried to abolish it and in the end Senator Thurmond and I had to go to the White House. I recommended those particular centers, with other professional help, because of the lack of programs and other multiplicity programs.

Good programs should be a high priority, but we have to stay active because it is actually difficult for some people to understand what we are talking about, and I am looking forward to working with you in seeing that it moves smoothly.

Mr. NELSON. I have been a part of their efforts in Washington and I am very thrilled, because I think they are really serious. One of the things they have done is to look at 30 of the best treatment programs all over the country, and they have tried to really analyze how it works.

The other thing is that they have also retained the top 30 researchers in terms of really looking at what the state of the art is, so they have done their homework and I feel very thrilled about what they will be doing here in Florida.

Senator HAWKINS. Thank you, Mr. Nelson.

We will now hear from Mr. Richard Harrington.

Mr. HARRINGTON. Basically, my comments have to do with two major areas. The first issue is the fact that in Dade County we

have paid little attention to the issues in the juvenile justice system, either in terms of assessment or in terms of providing adequate treatment.

Over 20,000 cases have come before the juvenile justice system this year in Dade County. Of that number, only 3 percent will have any assessment for alcohol or drug abuse problems, and of that number, very few will be referred to any of the treatment programs, which are basically adult in orientation, which they were originally designed to treat, significant abuse problems with the adult individual. The net result of that is that the success rate is extremely low and the dropout rate is very high.

In response to that issue, we feel that the services not only need to be expanded for the juvenile but also serious consideration of the concept and design of those programs need to be addressed also.

In preparing new programs in this area, we need to be concerned not only with their quantity but also with their quality.

Traditionally, juvenile delinquency programs have not been effective, but we feel that there is a need locally not only for an increase in their number but also in design.

Elements that need to be included I think are very similar to what Mr. Fontaine recommended—an indepth screening and diagnostic procedure up front in the juvenile justice system. I would like to add that part of that diagnostic criteria should also include a review of the family history.

Recent studies indicate that up to 50 percent, and possibly more, of the juveniles entering the juvenile justice system have families that have been troubled with alcohol or substance abuse.

In terms of residential treatment, the program has got to be age specific and, as Ms. Coletti and Mr. Nelson have indicated, there has got to be strong family involvement, and it also has got to involve the school system.

When I am talking here about partnership and design and implementation, I think that is the key concept, trying to get the kids back into a system where they can succeed positively in our society, and that means a combined effort on the part of all parties who are responsible for success.

In terms of the funding issue, which was briefly mentioned, at the present time, as you probably are aware, Metropolitan Dade County and the local not-for-profit agencies are being asked to pick up a larger proportional share of the program, and the net result of that is that we are having a difficult time maintaining levels, rather than getting into the expansion of services into other areas, particularly in the juvenile area.

We feel that we are doing our share, but we are going to need the assistance of the State and Federal Government.

That is a brief summary of what we are about.

Senator HAWKINS. I may have some questions for you, but we are now going to hear from the children. After we hear from the children, we will call you back and I may have some questions for you at that time.

Do you television people understand that we cannot take their pictures? I prefer not to have profiles, either.

They have some very interesting testimony to give, and they do not want to be television stars. In fact, one kid had to drop out

from testifying because so much pressure was brought on him not to tell what he knows, so I feel especially responsible for the ones who are here today.

These young people are going to give us valuable firsthand observations of what goes on inside the juvenile justice system. All four are offenders who are currently enrolled in treatment programs around the State. Their faces are being shielded, I am very proud of these kids who have had courage enough to come in here and talk with us openly today.

I know it is difficult with the things that are going on here—the hammering upstairs, the slamming of doors—and I had just made a note here that the only thing that they had not done so far was have electric drills, and 3 minutes later we heard the electric drill, so we may not be here long, but do not worry about being here. Just forget everything else in the room and honestly answer the questions that I am going to ask you.

It has been very difficult to find young people for this panel and we have searched for kids for a long, long time to have at this hearing. We have delayed having the hearing for many months while we were trying to find young people who had been in the State training schools and who would want to talk in public about what goes on there.

Once a youngster is in a training school, that catch 22 that I described earlier comes into play and they are not going to get any help.

We did find one who made it through, though, and it is my understanding that he has a prepared statement and we would like to hear that now and then I will ask everybody some questions.

All right, Mike, we will hear from you now.

STATEMENTS OF MIKE, TITO, RAMON, AND SUE

MIKE. My name is Mike, and I would like to thank Senator Hawkins and the subcommittee, and I would like to share with you my experiences.

I started smoking pot when I was 8 years old. And by the time I was old enough to know that I should not be doing it, I could not stop.

Senator HAWKINS. You wanted to stop, but you could not do it?

MIKE. Right, and a lot of people do not realize how terrible drug involvement is. I broke the law so that I could stay high on drugs.

I was put in the State school as punishment, because those people could not see that I had a drug problem. The training school is not the place for a person with a drug problem; it will not stop you from doing drugs.

I have been in the training school, and now I am in a drug program. When I was in the training school, we did not get any counseling, and we used to just sit around and talk about better ways to break into houses.

Senator HAWKINS. That was for when you got out?

MIKE. Yes, ma'am.

Senator HAWKINS. Did you get ideas from other kids who were more experienced than you?

MIKE. Yes; that is what we did. I have been in training school four times in two States.

Senator HAWKINS. How old are you now?

MIKE. Fifteen.

Senator HAWKINS. Fifteen years old?

MIKE. Yes, ma'am; the last time, here in Florida, I decided that I wanted to get my life together and stop doing drugs, and I got into a program. The good things that I have learned in the program are be honest, be assertive, make better decisions, respect and help others, and accept the things that I cannot change. I am doing better in school and I am trying to get my diploma.

When you need help, you do not get very much help in training school, especially those who keep going over and over again, when there is definitely something wrong.

I wish that you people would take a look and try to help some of those kids out, because I think it is a real shame that they get locked up over and over again and are being punished when they need help.

Thank you.

Senator HAWKINS. Thank you, Mike.

I went through the center that you are in right now. Would you say that you were a heavy user of any drugs when you were first arrested?

MIKE. Yes, marijuana and alcohol.

Senator HAWKINS. Marijuana and alcohol?

MIKE. Yes.

Senator HAWKINS. That was the first time?

MIKE. Yes, ma'am.

Senator HAWKINS. Did you ever try any other drugs?

MIKE. Yes; I did LSD, cocaine, quaaludes, speed, and that was about it.

Senator HAWKINS. That was about it?

MIKE. I shot up a couple of times.

Senator HAWKINS. What is shooting up?

MIKE. The needle, dilaudid.

Senator HAWKINS. Heroin?

MIKE. No, dilaudid is not heroin, it is like a muscle relaxant.

Senator HAWKINS. Dilaudid?

MIKE. Yes, ma'am.

Senator HAWKINS. When you were 8 years old, what was the first thing that you used?

MIKE. Alcohol.

Senator HAWKINS. You then continued to use alcohol and other drugs?

MIKE. Yes.

Senator HAWKINS. You have always had alcohol and drug mixed up?

MIKE. Yes.

Senator HAWKINS. The facility that you are in now, and which I visited yesterday, could be called a nonsecure facility, is that right?

MIKE. Yes, definitely.

Senator HAWKINS. I saw the door open yesterday and that seemed to mean a lot to everybody there, that the door was open, with no lock.

MIKE. Yes.

Senator HAWKINS. Does that mean a lot to you?

MIKE. Yes; it does, because I know from my experiences that a kid cannot be helped unless he wants to be helped, and that does mean a lot to me, yes.

Senator HAWKINS. How did you get placed in the center where you are? Did you get arrested, and was that your last chance, or what?

MIKE. Basically, yes, and I was in there once before this time.

Senator HAWKINS. You have been in that center before?

MIKE. Yes.

Senator HAWKINS. The same center?

MIKE. The same center.

Senator HAWKINS. You were a dropout?

MIKE. Yes, I did not participate in the program because I did not want to change, so I got terminated, kicked out of the center.

Senator HAWKINS. There is a waiting list there, is that right?

MIKE. Yes.

Senator HAWKINS. If you do not cooperate, you have to get out and let somebody else in?

MIKE. Yes.

Senator HAWKINS. You have to let someone else who wants to help himself have your spot, is that right?

MIKE. Right, and when I got kicked out of there, I wound up in a juvenile detention center, and it was while I was in there that I realized that I had a problem and that I wanted some help, so that was when I called up one of the counselors and asked if they would accept me back again.

Senator HAWKINS. Were you able to get drugs while you were in the State school?

MIKE. Yes, cocaine.

Senator HAWKINS. Cocaine?

MIKE. Yes.

Senator HAWKINS. Was that very common, that all of the kids in the State school could get drugs if they wanted them?

MIKE. You really had to know the right people, but, yes, it is pretty common.

Senator HAWKINS. How long did it take you to be introduced to the right people?

MIKE. About 2 days.

Senator HAWKINS. That was not very long—2 days. Did you know that you were doing wrong while you were taking drugs in jail?

MIKE. Oh, yes.

Senator HAWKINS. Is it easy to beat the system and get drugs in jail?

MIKE. Yes. Yes, it is, and there are several different ways that I have seen it done.

Senator HAWKINS. The program that you are in now is nonsecure and the door is open, so you could get drugs there, too, if you wanted to, could you not?

MIKE. Yes.

Senator HAWKINS. Are you going to do that?

MIKE. No, not now, not today anyway.

Senator HAWKINS. You take one day at a time?

MIKE. One day at a time.

Senator HAWKINS. I see Ms. Coletti in the back of the room, remember her love and care and constant attention and the community support—that community is depending on you, Mike, to stay out of trouble and walk straight and to learn a trade and help train other kids, too.

You are a tough kid and you could be the leader in a group that does not touch the stuff, because it takes a lot more strength not to touch it than to use it. Is that right?

MIKE. It sure does.

Senator HAWKINS. We appreciate your coming down here today, and a handsome young man like you has every good thing waiting for him, and when you finish your education you can become a very good citizen.

Thank you for helping us today.

MIKE. Thank you.

Senator HAWKINS. Tito, you are next; is that right?

TITO. Yes.

Senator HAWKINS. Do you have anything that you want to tell me?

TITO. Yes.

I started using drugs when I was around 10 years old.

Senator HAWKINS. Ten years old?

TITO. Yes, and I had family problems, too. I am 17 years old now. I had a childhood of running away from home and stuff like that, but right now I am in a drug program in Hollywood and, you know, it has been helping me a lot, in a lot of ways, and they will work with me and they are trying to get me a job.

Senator HAWKINS. Are your parents helping while you are there?

TITO. No.

Senator HAWKINS. You have to do it all by yourself?

TITO. Yes, because, you see, my psychologist says that I need like a long-term program so that they can help me out. You know, my mother really did not want me home again. She wants me to care for myself because I will be 18 and I told her that I can be a man and take care of myself pretty soon, you know, and I told her that at an early age and she does not really believe that I am doing anything for my own benefit.

I have tried all kinds of drugs, marijuana, and alcohol. I was on alcohol before I got into the program and I was doing three or four cases of beer.

Senator HAWKINS. Three or four cases?

TITO. Yes, within about a 4-day period of the week, because I used to go to a lot of parties and stuff and sometimes it would go on for like a week with a whole bunch of friends of mine, you know, and my mom got upset, because she did not know where I was, and every time I would come home I would have a marijuana joint behind my ear, and stuff like that, and she would get mad at me, and every time we would have a family discussion at home that I thought did not turn out too well. I would run out the door and call up some of my friends and start all over again, and my mom did not really have that much control over me because I always wanted to do what I wanted do.

Senator HAWKINS. That is not uncommon, and I can tell you, as the mother of three children, that they all want to do what they want to do, but you have to kind of work together to make sure of what is best for you and the family.

Have you been in jail?

TITO. I had been in a detention center for like 3 months before I got into the program. I had committed a crime, a battery charge and the possession of marijuana, and that took me to the detention center for 3 months. Then, when my hearing was set, the judge said that I could not go back home and it was either the program or a State school like Okeechobee, and the minimum time that I would be spending there would have been like 1½ years. I said there is no way in the world that I am going to spend 1½ years in jail, and I was getting kind of tired of going from program to program and then being locked up in the detention center. I spent my birthday in the detention center and I knew that was not where it was at, so I told the judge that I would rather go to a program, you know, and straighten myself out once and for all, and that was when I came to this program that I am in now.

Senator HAWKINS. Did you choose the place or was it suggested to you?

TITO. It was suggested to me by someone in the court system and then the courts put me in the program.

Senator HAWKINS. For how long have you been there?

TITO. Three and a half months, almost 4 months.

Senator HAWKINS. Are you able to get drugs inside that place?

TITO. Even if I would be able to, I would not want to get the drugs, because I would be jeopardizing my status in the program.

You know, like Mike said, in order for a person to want help, he has got to receive—in order for a person to receive some help, he has got to want it and I want all the help I can get to overcome the problems that I have got, and a life of drugs and crime is not really for me. I am not the type of person who ever broke into somebody's house to get money for drugs, because I was the kind of a person who would work or get drugs in other ways. I never did steal for drugs. I always got drugs handed to me.

The program helps many people out in many ways. They help you out in trying to find a job. They give you classes, school, for the GED and stuff.

Senator HAWKINS. Is that what you are working on now, getting your GED?

TITO. Yes, and I am trying to get into a vocational school so that I can learn a trade, like maybe a cook.

Senator HAWKINS. Do you work in the kitchen where you are?

TITO. I work all around the facility right now, and I also work in the kitchen, yes, and I am the crew chief of the cleanup crew. In other words, we set up tables and stuff like that, and mop the floors, and we sweep the floors, and we wash dishes and stuff.

Senator HAWKINS. It is a neat place and you really keep it clean. I was there last month and I was impressed, and I am impressed with you and your attitude, and I know that you are going to succeed. You have got a lot of people out there pulling for you.

TITO. The Starting Place also helps you out therapywise, with thoughts like that, where you face people out in the street, you

know, who have drug problems and stuff, and they teach you how to overcome that fear and saying to yourself, "I do not want to really smoke a joint," because it is like beer, once you start drinking beer, you are going to want more and more, and it is the same thing with candy, and they tell you in therapy, "Drugs do not really do anything for you; all they do is mess you up, and they will not help you out in any kind of way."

As I said, if you want help in trying to succeed in life, drugs are not going to help you, they will just make it harder on you to succeed at anything in life.

Senator HAWKINS. The commercials on television with the sports stars telling you to drink their brand of beer, did that influence or encourage you to drink beer?

TITO. I think that influences everybody, not just me, but everybody. You know, if you go to tennis games or football games and you see all the signs and all these advertisements for alcohol or cigarettes and stuff like that, you know, and a lot of the young kids, 10 and 11 years old, you know, can go into the store and buy beer and stuff like that.

Even though the drinking age has been raised up, some youngsters have got their parents even working in the stores or something, or they know people who own stores who will sell them beer or pass a bottle of wine to them, and then they will just pass it out to their friends or they even go into the store and steal it, you know.

Senator HAWKINS. When you get out of this program, now, and you go shopping, you are not going to have that problem, are you?

TITO. I do not want to take no beer, because I know that is a problem for me and, in order to overcome that problem, I have got to stop doing it.

Senator HAWKINS. You are a great guy, I want to tell you, and we wish you well and we look forward to your becoming the successful man that you are going to be.

Thank you so much for your good attitude, and I hope that you will be able to influence other kids to be strong, just like Mike has.

Sue, I do not want to leave the girls until last, so we will just skip right over Ramon for right now.

Sue is not her real name, but we will call her Sue for today, and she has quite a story to tell us.

Sue, tell me what you have done and why you are here today.

SUE. My name is Sue, and when I was growing up my parents liked to use drugs. My parents were heavy users at the time and they liked to see everybody being high. When I was 7 I started using cocaine with my mother.

Senator HAWKINS. You started using cocaine with your mother at what age?

SUE. When I was 7 years old.

When I was growing up, I used drugs with my father and his friends and my friends.

Senator HAWKINS. That was in another State?

SUE. Yes; I was living in Illinois at the time, and when I came down to Florida in 1979, we moved to Fort Lauderdale and I started to get in with the wrong people there, too, and I got into shooting cocaine and I was doing that for a while.

Senator HAWKINS. How old were you when you did that?

SUE. Approximately 12 or 13.

I was shooting cocaine.

Senator HAWKINS. How did you buy it?

SUE. I was not buying it. I was going out with this guy who was giving it to me.

Senator HAWKINS. At 12 years of age, you were doing that?

SUE. Yes, and then we moved to Hollywood and then to Hialeah, and while I was living in Hialeah I started going to school. It was the kind of school that you would not go to without carrying a knife or a weapon or they would jump you, and I got back into cocaine and heroin and we would go to the beach or loiter or hang out on the street. When I would get some drugs, my mother would jump down my throat and I would have to give her some.

When I started the 10th grade, in the secondary school, I got involved in a lot of trouble there and I was expelled until 1986, and they put me in a program over at the hospital on South River Drive and they put me through a mental ward and a drug program, and after I was in the drug program I got high again.

Senator HAWKINS. You got high in the drug program?

SUE. Yes, I did.

Senator HAWKINS. Did you get the drugs there?

SUE. Yes; they were bringing them in.

Senator HAWKINS. Who are "they"?

SUE. Friends of mine and friends from the drug program, my other friends in the drug program. It was all adolescents and there were kids who were not getting high, so when we finally had to drop urine samples, this girl that was not getting high, would urinate in a cup and we passed it around to pour a little in our cup then turn it in.

After I completed that program, I went into another one to stay out of jail, and in that program that I got into, they were drugging me up more than I can remember—all kinds of drugs—in those 45 days.

Senator HAWKINS. Was that a 45-day evaluation?

SUE. Yes, and afterwards I went to the Juvenile Justice Center and I stayed there for 3 months—for Christmas, too—and while I was there the corrections workers were getting high with us and they were supplying us with drugs.

Senator HAWKINS. That was in the Juvenile Justice Center?

SUE. Yes.

Senator HAWKINS. That was here in Dade County?

SUE. Yes.

Senator HAWKINS. The guards there were getting high with you kids?

SUE. Yes; they would come into the cells in the middle of the night, around 3 or 4 o'clock.

There were a couple of them that were shooting heroin, and there were other ones that were just doing coke.

Senator HAWKINS. Were they men or women?

SUE. Women.

The males would do it in the laundry room, you know, when we would be working, and they would do things and then give us the

drugs not to say anything to any of the top people there, like to the judges when we would go before them.

Senator HAWKINS. They would reward you with more drugs so that you would not tell the judge when you had an evaluation?

SUE. Yes, ma'am, and I stayed there for a long time and after Christmas, about 1 month after Christmas they let me out of there and I went to a hospital.

It was for like a holding until my trial came up, and everybody got high in that place, too.

Senator HAWKINS. Where did you get the drugs in that place?

SUE. I was doing it at the school, LSD. I was not learning. It was an adolescent learning center, but they had the adolescents that were in there previously and had been released, they were coming in to go to school there, would come and go, and they would bring us the drugs, you know.

Senator HAWKINS. Was that cocaine?

SUE. Cocaine, LSD, PCP, and dilaudids, and everybody used to stay high. On May 1, when I went to my trial, my mother came with me.

Senator HAWKINS. Was that this year?

SUE. Yes.

Senator HAWKINS. That was in May of 1984?

SUE. Yes, and when I went to my trial, me and my mother were getting high in the bathroom, and when the judge sentenced me they dropped most of my charges and selected a drug program for me.

Senator HAWKINS. What were you on trial for, Sue? You said that you were going to trial.

SUE. Some of my charges were possession and distribution of cocaine, second degree felony murder, and a third degree felony murder charge, and they knocked off all of my charges and only charged me with manslaughter in the second degree.

Senator HAWKINS. They only charged you with manslaughter?

SUE. Yes, and my files were closed, if I complete the program.

Senator HAWKINS. At what age was this?

SUE. That was when I was 16, last year. No, it was this year. They said that I would have to go to prison or to the drug program, which means an 18-month program, but after completion of the program there would be no probation or anything.

I have been here in this program now for about 7 months, and I think this has been the only 7 months in my whole life that I can remember when I went straight on through without using any drugs but, you know, more or less you learn to be there. It is not that you have to be there if you do not want to, and most of the people who are there really want to be there.

Senator HAWKINS. How did you shoot the cocaine so that it would be concealed from the officials in the facilities?

SUE. Under my tongue.

Senator HAWKINS. I guess they would not look there.

SUE. No.

Senator HAWKINS. Would they inspect the children, their arms or whatever?

SUE. Yes, but most of the others were not into that.

Senator HAWKINS. How many were into it?

SUE. There were two females in there that were doing that, and a lot of the males would. We would meet in the laundry room or in the gym.

Senator HAWKINS. For how long have you been in Village South?

SUE. Approximately 7 months.

Senator HAWKINS. Are you going to school?

SUE. Yes, I am working on a GED and then I will be going to Miami-Dade in January.

Senator HAWKINS. Do you have any advice that you would like to give us?

SUE. Yes; the Village is a really great place. It is a mixed group of people and as soon as you come in you find out that everybody cares for everybody else.

I have not seen one fight yet, and the staff members there are really great. They will sit down and talk to you about your problems, and yet they will let you face the reality of the outside world. And there are no bars on the doors or windows. Actually, there are no doors and you are free to walk right out if you want to, but most of the adolescents do not leave. They stay there. It's an old hotel, and it is really excellent.

Senator HAWKINS. Is there any other program that you can join after you get out of there, or is there any support group that you can stay in touch with or anything like that?

SUE. After the 18 months are up?

Senator HAWKINS. Yes.

SUE. Yes.

Senator HAWKINS. Are you going to go to them?

SUE. Yes, ma'am.

Senator HAWKINS. What are you studying, and what are you hoping to be?

SUE. I am going to be taking psychology or cosmetology, but I have not decided which it will be yet.

Senator HAWKINS. Well, there is a big difference there, but if you do get into psychology you could probably help a lot of people, knowing what you know at the ripe old age of 17.

SUE. Right.

Senator HAWKINS. How about your parents, do they still use drugs?

SUE. Yes, and right now my mother is in the hospital. She had been boozing it up and she had a nervous breakdown.

Senator HAWKINS. She had a nervous breakdown.

SUE. Yes, and she is in the hospital right now.

Senator HAWKINS. How could they afford it? How did they buy the drugs?

SUE. I am not really sure right now, you see, because I have not seen my parents for over 1½ years and I cannot see my parents right now because that is a condition of—I do not want to see my parents right now, anyway, because I know that if I go back to be with my parents I will just be getting high again. They think they are being kind to me when they give me drugs, but that kind of kindness is destructive to me.

Senator HAWKINS. Are you the only child?

SUE. Not now, but I was. My mother has remarried and I now have a half-brother

Senator HAWKINS. Are you worried about him?

SUE. Yes, because he has been high before and he is only 4 years old now.

Senator HAWKINS. He is 4 years old and he has been high?

SUE. Well, not high but he has been drinking.

Senator HAWKINS. Would your mother give it to him?

SUE. No, it was not my mother, it was my stepfather. He would let him drink.

Senator HAWKINS. Maybe we would be able to help your little brother. Would you like that?

SUE. Yes, but not in the present time. I have other situations to work our first.

Senator HAWKINS. We thank you for this very interesting testimony, Sue.

We are always talking about parents who are being supportive and helping the kids out of this situation, but in your case it was your parents who got you into it and that is a difference, that they had the bad influence on you. You appear to be much stronger than your parents.

It is very sad to me that you had to be convicted of manslaughter before you could be admitted to this treatment center, but you are a lucky kid in that you are there, and making the decision yourself that you are going to change. The sad thing is that all of you were facing prison when you made the decision to go to a drug rehabilitation center.

Now, Ramon, let us hear from you.

RAMON. My name is Ramon, and I am 17 years old and I have been at the Starting Place for 5 months now.

Senator HAWKINS. The judge sent you there?

RAMON. Yes, ma'am.

Senator HAWKINS. What had you done to be sentenced by a judge?

RAMON. B&E's and fighting in the street and problems in school, and I just got up there so many times that he got a little bit sick of seeing me and he just said, "I am going to put you in the Starting Place," and I went there instead of going to jail.

Senator HAWKINS. Were you doing drugs?

RAMON. Yes, I used to get high.

Senator HAWKINS. On what?

RAMON. On reefers, but that was not the big problem. I got into quaaludes, cocaine, and alcohol.

Senator HAWKINS. Beer?

RAMON. Any alcohol.

Senator HAWKINS. Did you buy it?

RAMON. Yes, ma'am, and a lot of my friends had it and they would give it to me. But when I had the money, I would pay for it. Sometimes I would rip somebody off and then I would get the drugs that I wanted.

Senator HAWKINS. What did you do that last time when you said that the judge got tired of seeing you?

RAMON. The last time I had to go to court it was for stealing a chain and, you know, the police officer that arrested me said, "You're nothing but a kid and I'm going to help you out," and my attitude was, "I don't want your help," and he said, "You're going

to go to jail, but you can get out of going to jail by going to the Starting Place," and that was when I changed my attitude.

The judge said, "Why did you steal the chain?" and I said, "To get money to buy some drugs," and that was when he said that he would put me in the Starting Place and I went into a residential unit, a closed program, for about 15½ weeks. When I completed that, they transferred me up to the day-care unit.

Senator HAWKINS. Do you go home at night?

RAMON. Now I do, but before I could only go home on the weekends for maybe about 5 hours, and then it built up to as high as 24 hours and then the whole weekend.

Senator HAWKINS. Have your parents been very supportive?

RAMON. My mother is, yes. I live with my mother and my grandmother, and with my brother, too, and they are very supportive.

Senator HAWKINS. How old is your brother?

RAMON. My brother is 17. No, he is 16, and he is in the program, too. He was following in my footsteps.

Senator HAWKINS. Was he ever arrested?

RAMON. Yes, he was arrested, like for fighting and getting kicked out of school and stuff like that, but he never broke into any houses or anything.

Senator HAWKINS. Were you ever in the detention center?

RAMON. Yes.

Senator HAWKINS. How many times?

RAMON. Twice.

The first time that I was in the detention center was—I was on probation for stealing. You see, whenever I got in trouble, the judge put me on probation.

Senator HAWKINS. That is probably because you are such a good-looking kid.

RAMON. Well, the judge would always put me on probation, and then when I would mess around on probation and—you see, my mom and my dad are divorced and I went up to see my dad while I was on probation and I was not supposed to leave, so when I came back I had a subpoena to come to court and they put me in the detention center for 2 days, and then, after that, that was when I started getting into a lot of trouble and they put me in the program. After the probation, I messed up again and they put me back in the program and that was when I started really messing up and they put me on a community thing, and then when I messed up they sent me back to the detention center, and then they offered me the program instead of going to jail.

Senator HAWKINS. Were drugs available in the detention center?

RAMON. I do not know, because I could not even get a cigarette because I was not there for too long. I was just there for 2 or 3 days.

Senator HAWKINS. I am told that the average stay there is 21 days.

RAMON. You see, the first time I went there I had a court order to get out—an order from the judge—to get out in 2 days. The next time I went there, the Starting Place came over and got me.

Senator HAWKINS. The Starting Place came and got you?

RAMON. Yes.

Senator HAWKINS. You are not going to let them down, are you?

RAMON. No, and I am learning to take responsibility for myself, which was a big problem for me before. I am going to finish high school, and I am caught into the grade that I am supposed to be at and I am going to go to vocational classes. I can go to school and take two vocational classes a day, and then we have the group therapy, you know, and that basically gave me the idea of what I wanted to study, something that would give me a background to help me in computers.

Senator HAWKINS. That sounds like you have a pretty bright future waiting for you. I hope that you will continue to work hard and make good grades, Ramon.

I hope everybody will listen to your messages and to your stories, and we thank you for being brave enough to come down here today to show others what can happen.

We are going to excuse you at this time, and we thank the counselors for bringing you down here and we thank them too for the remarkable job they do. Keep in touch and I want to receive a report of a success story from each one of you.

Shirley, Richard, and Frank, I have some questions for you, if you will come back, please.

Richard, did you hear anything today that surprised you?

Mr. HARRINGTON. Not really.

Senator HAWKINS. You heard the kids tell about how they could get drugs in the detention centers, and what did you think about that? Did you not think that was unusual?

Mr. HARRINGTON. I do not think that is unusual, no. There are no specific programs in the detention centers to counter that problem.

Senator HAWKINS. Should there not be one? When the kids were in prison and their friends came in and brought the drugs to them, it seems to me that should have been pretty easy to control, to make sure that the visitors do not have anything on them.

Mr. HARRINGTON. I think it would be easy to control, but, you know, where there is a will there is a way, and so I guess that the important thing is that when you are dealing with a system like that, one would obviously like to have a full range of services going from the first time that the youngster was involved in the system, through periods of holding and through periods of referral for treatment.

It is an extensive need, and it is an extensive problem and it is going to just demand an extensive solution, a complex and committed solution that I am afraid is currently not there, although the beginnings of that change are occurring.

Senator HAWKINS. Better late than never.

Mr. HARRINGTON. Yes.

Senator HAWKINS. Are there any ways that current resources could be used more effectively in meeting that need?

Mr. HARRINGTON. Of course, and I think Mr. Nelson has indicated that, if there is one thing that could be done, it would be to take advantage of what is already being done in an uncoordinated way and begin to put it together and get a much bigger bang for the money that is being spent, and I think that goes without saying.

There are a lot of social services today, but they are very poorly coordinated. That is not new information or something that is un-

known. It is simply that it is positive to hear that some of these things may be coming together.

Senator HAWKINS. Shirley, everybody is talking about saving money, there are the budget cuts that David Stockman proposed yesterday, and the freeze on spending and the simplified tax plan, et cetera, and we have to deal with it every day, as these are tight budgetary times.

This year, 1984, when we started the fiscal year we had already spent $28.9 billion more than we are going to take in, which is rather startling, but I believe that when you talk about saving money and getting more bang for the buck—how much does it cost at your facility?

Ms. COLETTI. In the adolescent facility, the cost is approximately $30 a day, because we have to include our building costs in that, because we still have a debt to pay, and that, Senator, includes family therapy, which is almost a whole separate program within itself.

When you compare that figure to the figure of $28 a day that we heard yesterday that it costs to keep a youngster in a detention center, where there is no therapy being provided, you cannot help but realize that you are getting a tremendous, tremendous bargain in a residential treatment program such as ours and such as the Starting Place, and some of the others, as compared to incarcerating the youngsters.

Senator HAWKINS. Shirley, you and I discussed yesterday having the screening prior to placing the child. I have held hearings throughout the United States, but you have a much bigger problem here, because, as all of the kids will tell you, who have come from the other States, it is much easier to get what they are after here in Florida. What do you think we can do on the Federal level to help the State out?

The Federal Government and local government, in my opinion, have to work together. In 1981, a lot of money went into block grants, but I do not like block grants. In fact, I absolutely despise block grants. Since that first experience in 1981, I will not vote for block grants any longer.

As you know, I am on the Labor Committee, and the last money we voted out was targeted money for mental health, because we found out that no money was going to mental health. This year it is going to be targeted. But what can you tell us about what the local and Federal Government can do to help the State?

Ms. COLETTI. I think there are a couple of issues. I think that we need to look, both State and nationally, at the whole civil forfeiture issue, and that is the money that is confiscated as it is being brought into this country or as it is about to go out of this country, money that is paying for drugs. That means that the money that comes from the sales of airplanes and boats and houses and properties, and so forth, because right now the drug and alcohol programs do not receive any of that money and I cannot help but think that it would certainly be poetic justice to have some of that money diverted, both federally and statewide, back to the problems that those drugs are causing.

We have attempted here in this State, actively for the last 3 years, through the Florida Alcohol and Drug Abuse Association

and the legislature, to cause civil forfeiture to happen so that part of those moneys would be diverted for prevention and treatment programs.

We have been defeated by the Sheriffs' Association and by the Police Officers' Association, because that money now in this State goes back to law enforcement.

I believe that the drug problem is a multipronged problem, and law enforcement certainly has to be funded, but everyone is speaking about the failure of the interdiction program, and everyone is talking about the failure of being able to stop the importation of drugs, but few people stop to look at what we are doing with the problem that all of this is causing, and you have heard about the problem and I know that you are aware of the problem.

I think civil forfeiture is a very important issue, and I also think the insurance, third-party reimbursement has to be a very, very integral part of the solution to this problem.

In all of our families' group health policies, it would cost probably less than $2 a month additional per insurance policy to include alcohol and drug abuse rehabilitation services, and along with that then I think must go language within those policies that would set a cap on the amount so that we would not be putting all of our kids in the magic cure, 28-day miracle program, using up the insurance policy and then having the community-based programs, like the Starting Place and Operation PAR, picking up the pieces after the family is indigent.

I think insurance is very important, and I think forfeiture is very important, and I think that the local communities have absolutely got to bite the bullet and realize that Federal dollars and State dollars are not necessarily going to solve the problem. The local communities are going to have to also put some money into the problem. Those are three areas that come to my mind first.

Senator HAWKINS. Thank you, that is very interesting.

Frank, is there anything that you would like to add or can you tell us what approaches you think are appropriate to finding a solution to the problems that you described in your testimony?

Mr. NELSON. There has been considerable emphasis on adolescent treatment resources in the last 5 years in this State, but the demand is increasing so rapidly that it is very hard to keep up with it.

It seems that periodically we are confronted with new phenomena in the drug area, like the very expensive treatment services required for juveniles who are involved in cocaine.

Senator HAWKINS. Can you tell me why Dade County did it by districts when they put out the requests for proposals for the centers?

I read the requests for proposals last week, and it said it was for those districts, two to five, that were below equity, and district 11, which is Dade and Monroe, was completely eliminated.

Mr. NELSON. It is based upon a formula that looks at the total amount of State dollars that are loose for completion of the block that is currently being allocated statewide, and there are some residential facilities here in Dade County. There are parts of the State that have none, and the new services are targeted for those sections of the State which have no facilities.

Senator HAWKINS. I received the request from Dade County to see what I could do about getting them some money for a facility here for juvenile drug rehabilitation and it seemed to me to be a great concern. Dade County, it would seem, has the biggest problem because it is the entrance point for so many drugs. When we did our investigation, though, we did not find any centers here in this vicinity that only handle juveniles without adults.

Mr. NELSON. They are very limited here. There is in the projected 1985 budget a recommendation to develop an inpatient facility in this area for juveniles who are emotionally disturbed as well.

When we say "emotionally disturbed," we are talking about emotionally disturbed juveniles.

Senator HAWKINS. I met several kids yesterday in the detention centers who are repeaters and are in there every few days. Is there nothing that you can do for them?

When you are talking about being emotionally disturbed, you mean mental patients, young kids who have no place to go and who have no family to take them back. That seems to be getting to be a really big problem in Florida, because a lot of these young people have mental health problems due to the use of drugs and alcohol, and if we do not have any other place to send them but to a detention center—I did meet several who I do not believe can be helped, period. The damage has been done and they are going to live a long time as wards of the State and there is no place else to send them. It is a revolving door situation, and that is absolutely unacceptable to this Senator.

I do not know how you feel about it, but I have never had anybody recommend to me that we create a facility for the mentally disturbed young people in Florida.

We have been talking about a drug rehabilitation center for juveniles here in Dade County, but nobody has ever brought up the subject until my travels through these centers when we saw them, and they would say, "He has been here 28 days and he will get out tomorrow and be back on Thursday for another 30 days." There is just no place to put these people and to me that is a big void.

Mr. NELSON. It is a void and, ironically, the State of Florida has a lot more residential juvenile treatment facilities for essentially drug clients than they do for mental health juvenile clients or for others. We do not have enough, but we do have a number of residential facilities for drug clients if their primary problem is drug and alcohol abuse.

Senator HAWKINS. Shirley, did that startle you?

Ms. COLETTI. Yes, it really did. There presently are several hundred beds that are being contracted outside of the State of Florida for the severely emotionally handicapped youngster. There are only about six facilities in the State that can care for a certain category of the severely emotionally impaired youngster.

The State of Florida—and I will have to research the figure—spends between $4 and $5 million a year outside of the State contracting for beds and services for these youngsters. That obviously, at least I feel, needs to be spent in the State of Florida.

Senator HAWKINS. Dr. McBride, do you have a comment that you would like to add to this record?

STATEMENT OF DR. DUANE McBRIDE, DEPARTMENT OF PSYCHIATRY, SCHOOL OF MEDICINE, UNIVERSITY OF MIAMI

Dr. McBRIDE. Basically, I would just like to say that maybe I can just underline some of those things and present some additional things that I think should perhaps be considered.

As has been indicated, the research that has been done—something was done about a year ago by the National Institute on Drug Abuse—in looking at any States that had systems for both identifying the drug-using youthful offender and screening techniques that ran through arrest, processing, the judiciary and then what happened to the juvenile after being identified in terms of intervening treatment and then evaluating them. I have concluded that there really are no States that are doing that in a systematic way, and Florida is within that national trend, so I think there is some Federal responsibility in terms of that national problem.

Clearly, since Florida has been one of the leaders in establishing a system, I would hope that Florida will continue to take the lead in establishing the kinds of systems that have been advocated by everybody here.

Second, I think it is extremely important that this committee is focusing on the juvenile offender. Most of the knowledge and research and treatment systems that exist primarily focus on the adult, the adult criminal and the adult crime-drug relationship.

The TASC Program at first would only focus on those over 18; it was an adult program. It is a good program. The problem with focusing on adults, as we heard from those kids, and as the research consistently shows, delinquency and drugs generally begin by 12. I do not think any one of them began at 12. I think they were all before.

Senator HAWKINS. Do you know that the public absolutely does not believe that?

Dr. McBRIDE. That is right.

Senator HAWKINS. If I give a speech and say that I talked to four kids today who started using drugs between the ages of 8 and 10, they would think I was absolutely crazy.

Dr. McBRIDE. That is right, and it was extremely sad for me to hear of the experiences that the children went through, but I am hopeful in the sense that they are recognizing it.

What we should have had here was some of the kids that I recently interviewed. There was a 14-year-old girl, bright, articulate and beautiful, with much that you would expect the future to hold for her, with the tracks running up and down her arms.

Her major thought in life was, after the 2 months that she would be in that detention center, how in the world would she be able to find her 30-year-old boyfriend again, who was her source of drugs. She had no recognition of the future. She will probably be dead by 20 and she had no recognition of that.

These are the lucky kids, the ones who were here. You should have heard from the kids who do not want any help, and who do not recognize where they are at, and who are destroying their own lives, and who have destroyed many other lives by turning to crime. That is what we need to address, but it is so important that we shift that focus to the kids who are initiating the behavior at 10

and 12, and who are starting delinquency and who are starting to commit crimes.

We know much about what happens at age 30 with drugs and crime, but we do not know that much about how it initiates or how we can intervene to stop it, the initiation. We are 10 years too late.

So I think it is extremely important that this committee, by its focus and by the publicity that it is getting, must try to make us focus both in the research and in the training, as well as in the competition for resources at the State and national level. That is the important place to focus, because it will do little good 10 years from now.

We need, by all means, the systematic approach which I alluded to, in which State and Federal coordination takes a leading role in starting up—it is not a new system—they must take a leading role in coordinating the system of identification and of providing the judges with the opportunities of diverting the kids, working in the community for zoning issues.

I have seen programs stopped because of zoning. The judges and the courts were willing, and everybody else was willing, and in some of the research that I have done down at Mr. Nelson's office, I have found that the juvenile justice system has been very cooperative, if they can see a way that it will work with a systematic, professional approach. It is more coordination that needs to be done, as opposed to creating programs.

This is not an area in which to create programs. It is an area in which we have to use the resources that are available in trying to get the attention of the resource people in terms of this being the important issue to be focusing upon.

I think what has been said here has been very true, and I hope this committee's focus can get the community, the State and the legislators' attention on putting the resources where it begins and where it is not as entrenched, and where we can perhaps intervene more successfully and stop the consequences in the individual lives and the lives of those who will be affected if they do not get out of this nexus and interrelation immediately involved with drugs.

Senator HAWKINS. We have a southeast regional meeting about every 6 weeks, arguing over who is going to get the big carriers. But you can get in 5 seconds two Senators from every State, from all parties, to that meeting to talk about the battleship, but the emergency in my mind is to talk about our children.

We are pouring money into education, but some of that money that is being spent on education could be diverted to educating the kids not to use drugs in the first, second and third grades. At 7 years of age, it should be so ingrained in their minds, that it is an evil that will cause long-term bad effects.

To me, that is a starting point. Television can also help. Television has to recognize its responsibility in helping us to deliver this message, because they are on 24 hours a day, and these little tots are glued to that set.

I just finished a book called, Media: The Second God, and, you know, before television we had God and he was omnipotent and he was in charge, but he has been replaced by television, which is in your room 24 hours a day and running the world.

I have been to Costa Rica and to all of the Latin American countries, and I meet often with their presidents and they are just as concerned as we are.

The Costa Rican President told me that they just put in a dish satellite so that they could receive television and they get 55 channels in that little country.

He said they think the country made a mistake in putting that dish in, that it has been in for 6 months and they are already seeing a slackening in the grades of the children in their schools and more interest in the new toy, like we had back in the late forties. They are wondering what kind of an influence this is, and it can be such a good educational tool.

We had a hearing on the media and its responsibility in the war on drugs. The leaders of that industry want to do something about it, but I think they are going to have a lot of pressure from us and from the parents and teachers everywhere. If you question what can be done, Shirley Coletti will show you what parents have done.

The parents in Colombia, the country of Colombia, did not get all outraged about illegal drugs until Justice Minister Lara Bonilla was murdered and then the mothers rioted in the streets, demanding justice. Same thing in Pakistan.

You almost never see women in those countries and, if you do, they are covered with veils. But the headlines in the papers said that the mothers were rioting in Karachi and pleading with President Zia to control the heroin.

Now, for a woman in that part of the world to come out into the street, let alone to demonstrate, shows you the power of the family and of the old values and of the moral values, and I think that is something we have not discussed in this particular hearing but that has to be be taught, the traditional values have to be taught because a lot of these children have never had a chance. Their parents are the ones who introduced them to drugs for the first time.

You know, we cannot sit in Washington and tell everybody what to do. We try to, but we cannot do it. That was the whole idea behind block grants originally, that we do not know much in Washington, and the handling charge is high. The programs that the money was voted for were not being funded. That was particularly true in this State. You are going to see a lot of targeted money because of the lack of money that was being spent on those particular programs for which it was intended.

The children are a high priority. They are the future, and they are a vital resources. Yet, without the vote, the constituency and the demand of the mothers—which turned around Colombia and which turned around Pakistan—I know that it is very difficult to see success down the road, but at least we are seeing some kind of planning.

They asked me yesterday, are you winning the war on drugs, and I said no, but we are in the war on drugs and we never were before. It is an international problem and America cannot do it alone. We have got to have the cooperation of every other country, which we do not have. There will be a Western Hemisphere drug symposium in January in Washington with heads of state or their representative from every country. We feel that is really a giant

step. At this conference they are not going to talk about anything other than drugs. That will be on January 30 and February 1.

The purpose of the hearing today is to look into the juvenile detention system in Florida and where the money is going and to see whether we should have a better system. I will go back and give the evidence to my colleagues and also to the Justice Department and the HHS. We work together on this particular subject.

I commend all of you for being interested and for being involved. I would ask for your continued information to me, as a Senator who lobbies all the time for the kids, so that we can make sure that the right amount of money is going to the right places.

I do not want to leave the impression that bundles of money are going to come here, but the money that you get I think should be targeted because I want to be sure that the highest priority is our children.

[Introductory remarks of Mr. McBride and the prepared statement of Mr. Nelson follow:]

INTRODUCTORY COMMENTS
SENATE SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE
DUANE McBRIDE

1) Introduction

I very much appreciate the opportunity to participate in this Subcommittee Hearing. Over the past decade I have had the opportunity to engage in a variety of research in the drug abuse field and to serve on grant review committees for the National Institute on Drug Abuse. That experience had led me to conclude that the focus of this Subcommittee on the drug using juvenile offender is an important priority in a national and community strategy to prevent and treat drug abuse.

Most of the research that has been done on the relationship between crime and drugs has focused on adult drug users and criminals. This research has yielded much valuable information on the extent of drug use, causality and intervention strategies. The research has resulted in major efforts to intervene in the drug-crime cycle in adults. However, research also shows that the initiation of drug abuse and crime generally occurs in adolescence. By the time adulthood is reached, the individual's pattern of drug using and criminal behavior may be well established.

Therefore, in order to gain an understanding of the initiation of the relationship between drug using and illegal behavior, and therefore a better knowledge base for prevention and intervention, it is crucial to focus on juveniles. It is the drug using juvenile offender that is at the crucial stage of initiating a pattern of behavior and it is by focusing on drug using juvenile offenders that we can hope to gain an understanding of the complexity of variables involved in the initiation of the relationship. Using this knowledge we are in a better position to prevent and treat.

As a researcher I am very pleased to see this level of attention on this issue and I hope that it will result in our being able to address the questions that yet remain.

2) The Extent of the Problem

While, as noted, most research has focused on adults, there is evidence that there is a considerable overlap between drug using and delinquent behavior. This evidence comes from major national studies, as well as studies conducted in local communities around the country, including Florida.

National and regional studies have generally shown a high overlap between drug abusing and illegal behavior. Many of these studies have shown that the majority of delinquents regularly abuse drugs.

3) The Drug Abusing Juvenile Offender and the Justice System

Because of the statistical overlap between drug using and delinquent behavior, the juvenile justice system is one of the major societal institutions that deals with drug using juveniles. While there are some specific programs in some areas that identify and serve the drug using juvenile offender, a national survey conducted by the National Institute on Drug Abuse did not appear to find consistent procedures used to screen for juveniles with substance abuse problems.

It has always been my experience in the studies that I have done that juvenile justice administrators are very willing to get involved with drug abuse screening and treatment programs as a part of the justice system, either within a detention facility or in the community. One of the major programs used in detention facilities has been the TASC Program. In my observation this has been a good approach to treating the drug using juvenile offender. The program helps in the identification of the drug using juvenile offender and provides for a therapeutic approach that does have a possibility of impacting further delinquent behavior.

I believe that the juvenile justice system is willing to and perhaps even anxious to provide services if there is a professional, organized, funded approach. It can be difficult to convince the community of the effectiveness of treatment. It can be difficult to get support for a diversion facility in the community and it is often difficult to integrate an in-jail facility treatment program with the overall juvenile justice system. These are all challenges faced by treatment program directors and a hearing such as this provides the focus that can give treatment directors the support that they need in their communities to provide needed effective services to drug abusing juvenile offenders.

4) Possible Research Strategies

There is a considerable amount of research that is ongoing in many of the areas that this committee is addressing. Often considerable progress can be made if there is an organizing framework to integrate the variety of studies. Such a framework could emerge as the result of this committee's conclusion on the identification of the issues and possible solution strategies.

Suggestions:

1) Longitudinal studies on the initiation of drug using behavior and delinquency in high risk groups.

2) Studies on documenting system identification and treatment processes.

3) Needs assessments on identifying the problems and characteristics of drug using juvenile offenders to provide a knowledge base for designing intervention systems.

4) Evaluation of identification and treatment procedures.

Thank you.

TESTIMONY

PRESENTED TO THE SENATE SUBCOMMITTEE ON
ALCOHOLISM AND DRUG ABUSE,
COMMITTEE ON LABOR AND HUMAN RESOURCES
MIAMI, FLORIDA - DECEMBER 6, 1984

IN 1982-83 THERE WERE 13,599 FLORIDA JUVENILES ARRESTED FOR DRUG/ALCOHOL OFFENSES. WHO WERE THESE YOUNGSTERS, WHAT WERE THEIR PROFILES, WHAT HAPPENED TO THEM? WHAT ABOUT THE EVER-INCREASING NUMBER OF YOUTH WHO CAME IN CONTACT WITH THE POLICE AND WITH THE "FRONT END" OF THE JUVENILE JUSTICE SYSTEM, BUT WHO DID NOT HAVE DELINQUENT PETITIONS FILED ON THEIR BEHALF AND WERE THEREFORE NOT PROCESSED THROUGH THE SYSTEM? IF THE DATA AVAILABLE REGARDING SUBSTANCE ABUSE AMONG THE GENERAL POPULATION IS APPLICABLE, AS WELL AS THE INFORMATION REGARDING DELINQUENT INVOLVEMENT WHICH GOES UNDETECTED BY POLICE, ONE CAN SAFELY ASSUME THAT THESE YOUNGSTERS ARE A POTENTIAL "AT RISK" TARGET GROUP AND THAT A SUBSTANTIAL NUMBER USE DRUGS.

IT HAS BEEN ESTIMATED THAT THROUGHOUT THIS NATION THERE NOW EXIST SOME TWO-MILLION HOMELESS, TRANSIENT JUVENILES, WITHOUT PARENTAL OR ADULT SUPERVISION, NOT EMPLOYED OR IN SCHOOL, WHO ARE INVOLVED IN DRUGS, ALCOHOL, PROSTITUTION AND OTHER ILLICIT BEHAVIOR WHICH SUPPORT THEIR EXISTENCE. FLORIDA HAS ITS SHARE AS WELL AS THAT OF OTHER STATES OF THESE MOSTLY UNATTENDED TRAGEDIES.

BUT THERE IS HOPE, BASED ON A NUMBER OF MAJOR ACTIVITIES WHICH ARE PRESENTLY OCCURRING IN OUR STATE AROUND THIS GRAVE ISSUE. THE ATTENTION GIVEN TO THIS PROBLEM BY GOVERNOR GRAHAM'S RECENTLY FORMED

Commission on Drug and Alcohol Abuse, the expanded budget recommendations developed by the Department of Health and Rehabilitative Services to deal with this client population, and Florida's direct involvement with the drug/alcohol juvenile justice initiatives which are jointly sponsored by ADAMHA and the Department of Justice (OJJDP).

The issue of adolescent drug abuse will be one of the major topics addressed in the Governor's Commission on Alcohol and Drug Abuse Report to be released early in 1985.

The Department of Health and Rehabilitative Services, the single state agency responsible for drug and alcohol treatment, prevention and intervention, will submit a 1985-87 funding request to the Florida Legislature to complete the expansion of its statewide "Treatment Alternatives to Street Crime" (TASC) system. There currently are 18 such programs employing approximately 90 staff whose mission it is to reduce alcohol and other drug related crime and criminal recidivism among substance abusing offenders by providing screening mechansims for referral of appropriate offenders to community based treatment programs. Of the total 115,750 drug related arrests made in Florida each year, the juvenile rate is about 11.7% of the total. Even though the TASC model was originally designed some 13 years ago for a narrowly defined target group - adult opiate addicts charged with criminal offenses - it has expanded to include an increasingly broader range of clients with pre-trial, diversion, intervention, post-trial alternatives and post-institutional services.

In 1975 TASC projects were permitted to include juvenile offenders and alcohol abusers. Presently some TASC programs have as many as 25% juvenile referrals and are constantly pressured to handle

MORE. THE PRESENT TASC MODEL IS NOT IDEALLY SUITED TO HANDLE THE JUVENILE OFFENDERS AND SOME ADDITIONAL MODIFICATIONS MUST BE MADE TO HAVE IT EFFECTIVELY ACCOMMODATE THIS YOUTHFUL POPULATION. LITTLE INFORMATION HAS BEEN AVAILABLE NATIONWIDE ON JUVENILE TASC PROGRAMMING. THE NATIONAL ASSOCIATION OF STATE DRUG AND ALCOHOL DIRECTORS RECENTLY RECOMMENDED SUCH A MODEL TO THE NATION. JUVENILE CLIENTS ARE TYPICALLY REFERRED TO TASC FROM THE JUVENILE JUSTICE SYSTEM, BUT ARE ALSO REFERRED BY OTHER MEANS, INCLUDING CHILD CARE AGENCIES, SCHOOL SYSTEMS, TREATMENT, COMMUNITY, OR FAMILY MEMBERS. A TYPICAL JUVENILE CLIENT IS A WHITE MALE, AGE 16, UNEMPLOYED, UNSKILLED, LIVING OUT OF PARENTAL HOME, WITH A HISTORY OF 3 OR MORE PREVIOUS ARRESTS AND NO PREVIOUS TREATMENT ATTEMPTS. THE MOST COMMON DRUG ABUSE PATTERN INCLUDES POLYDRUGS, TYPICALLY MARIJUANA, INHALENTS AND ALCOHOL, SOME PCP, AND VERY RECENTLY, COCAINE. THE MOST COMMON CRIMINAL ACTIVITY IS BURGLARY AND THEFT.

THE CURRENT JUVENILE CLIENT BANK IS VERY DIVERSE. TASC INTERSECTS WITH THE JUVENILE JUSTICE SYSTEM IN A VARIETY OF WAYS: AS AN EVALUATOR, A PRE-SENTENCE INVESTIGATOR, A SENTENCE ALTERNATIVES PROGRAM, A PROBATION EXTENDER. THE GREATEST PROBLEM IN JUVENILE TASC IS CLIENT IDENTIFICATION, AS THE HARD DRUG USERS ARE NOT AS EVIDENT IN THE ADULT OFFENDER POPULATION.

THERE IS A LOT WE DON'T KNOW REGARDING THE ETIOLOGY, THE PRECURSORS, THE DEMOGRAPHICS AND OTHER ISSUES REGARDING THIS JUVENILE CLIENT POPULATION. IT IS EXTREMELY IMPORTANT THAT PERSONS CHARGED WITH SCREENING AND RECOMMENDATIONS ON THESE YOUNGSTERS BE EXPERTLY TRAINED. FALSE DETERMINATIONS OF DEGREES OF ADDICTIONS MIGHT INFRINGE ON SOME CHILDREN'S RIGHTS, RESULTING IN A LABELING PHENOMENA AND LONG RANGE SERIOUS EFFECTS OF SUBSEQUENT STIGMA OR PENALTY.

JUVENILE TREATMENT FACILITIES ARE SCARCE. THE TOTAL CENSUS OF FLORIDA'S VAST DRUG TREATMENT SYSTEM IS CURRENTLY OPERATING AT 110% CAPACITY. JUVENILES ADMITTED TO TREATMENT IN 1982-84 NUMBERED 7,524. NEARLY HALF DID NOT COMPLETE TREATMENT FOR A VARIETY OF REASONS, SOME RECOVER, SOME ARE RECYCLED, AND SOME DISAPPEAR TO THE

STREETS, AND SOME END UP IN PRISON. ATTEMPTED LONG-TERM FOLLOW-UP IS NEARLY IMPOSSIBLE FOR A VARIETY OF REASONS NOT EXAMINED HERE.

FLORIDA HRS BUDGET RECOMMENDATIONS FURTHER INCLUDE THE DEVELOPMENT OF 4 ADDITIONAL ADOLESCENT TREATMENT CENTERS FOR THOSE GEOGRAPHIC AREAS OF THE STATE NOW LACKING IN THESE FACILITIES. THE STATE'S COST PER CENTER IS $273,000 (25 RESIDENTIAL CLIENTS PER AT AN AVERAGE COST OF $40 PER).

IN ADDITION, THERE IS PROPOSED A SPECIAL REGIONAL RESIDENTIAL TREATMENT CENTER TO TREAT THE EMOTIONALLY ILL SUBSTANCE ABUSING ADOLESCENT AT A COST OF $400,000 IN STATE DOLLARS. THE UNIQUE NEEDS OF THIS POPULATION REQUIRES MUCH MORE SUPERVISION THAN NORMAL TREATMENT CENTERS AND MUST BE A SECURE FACILITY.

THERE IS A MILLION-DOLLAR BUDGET ITEM TO ROUND OUT FLORIDA'S SCHOOL-BASED/COMMUNITY-BASED/PREVENTION/EDUCATION PROGRAMS. FLORIDA HAS STRONGLY EMPHASIZED AND SUPPORTED COMMUNITY-BASED PREVENTION/INTERVENTION PROGRAMS OVER THE PAST FIVE YEARS. PARTICULARLY NOTEWORTHY FOR THIS HEARING ARE THE RECOMMENDATIONS FOR 3 MINORITY YOUTH PROJECTS PROVIDNG INTERVENTION/TREATMENT SERVICES TO BLACK YOUTH 12-19 YEARS OF AGE WHO ARE ALSO SUBSTANCE ABUSERS. THESE WILL EMPHASIZE AND FACILITATE COOPERATIVE RELATIONSHIPS AMONG A VARIETY OF AGENCIES, BUSINESSES, CIVIC ORGANIZATIONS AND PROGRAMS INTERFACED WITH THE CRIMINAL JUSTICE SYSTEM.

THERE ARE ALSO TWO JUVENILE JUSTICE PILOTS DESIGNED TO BE A CASE MANAGEMENT PROJECT FOR SUBSTANCE ABUSING YOUTH. THE FOCUS WILL BE TO BRING THE JUVENILE, FAMILY, COURT, TREATMENT CENTER, AND SCHOOL SYSTEM TOGETHER TO INTEGRATE THE TOTAL NEEDS AND SERVICES OF THE JUVENILE.

THE FEDERAL JUVENILE JUSTICE/ADAMHA INITIATIVES WILL IMPACT FLORIDA IN A BIG WAY IN 1985, AS THREE TEST SITES - MORE THAN ANY OTHER STATE - HAVE BEEN ESTABLISHED. PRELIMINARY WORK IS TO BEGIN SHORTLY IN JACKSONVILLE, MIAMI AND ST. PETERSBURG/CLEARWATER. THE PURPOSE WILL BE TO THOROUGHLY ANALYZE THE EFFECTIVENESS OF PRESENT

RESOURCES AND SYSTEMS DEALING WITH THE ALCOHOL/DRUG ABUSING YOUTH, TO DETERMINE GAPS AND WEAKNESS IN THE SYSTEM WHICH ALLOWS MANY OF THESE YOUNGSTERS TO "FALL BETWEEN THE CRACKS." THE COURT SYSTEMS, TREATMENT AGENCIES, AND THE EDUCATIONAL SYSTEM WILL ALL BE A FOCUS OF THE EFFORT. APPROPRIATE SCREENING, AVAILABILITY OF THE RIGHT REHABILITATIVE SERVICES AND FOLLOW-UP WILL BE EXAMINED. THE LINKING OF PRESENT SYSTEMS AND RESOURCES IS A TIMELY AND PRUDCENT APPROACH TO THIS PROBLEM, WILL REQUIRE THE KIND OF COOPERATION AND WORKING TOGETHER THAT HAS BEEN OFTENTIMES LACKING.

THIS IS THE FIRST MAJOR JOINT EFFORT TO BE CO-SPONSORED BY ALL THREE INSTITUTES AND OJJDP. IT REFLECTS THE QUALITY LEADERSHIP AND NATIONAL PROGRAM SENSITIVITY TO AN ISSUE THAT CAN NO LONGER BE IGNORED. WHAT MAKES THIS FEDERAL AGENCY INITIATIVE EVEN MORE TELLING IS THE FACT THAT IT HAS BEEN LAUNCHED WITHOUT A DIRECTIVE FROM THE OFFICE OF MANAGEMENT AND BUDGET (OMB) AND WITHOUT CONGRESSIONAL MANDATE.

THIS HEARING TODAY IS A TRUE EXPRESSION OF CONGRESSIONAL CONCERN, AND IT IS HOPED THAT FUTURE HEARINGS WILL DELVE INTO SOME OF THE MANY COMPLEX ISSUES AND PROBLEMS THAT MUST BE FACED BEFORE WE CAN ADEQUATELY MEET THE TOTAL NEEDS OF ALCOHOL AND DRUG ABUSING YOUTH.

I AM EXCITED TO BE A PART OF THIS EFFORT.

RESPECTFULLY SUBMITTED,

FRANK D. NELSON, SUPERVISOR
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HRS - TALLAHASSEE, FL 32301
(904) 488-0900 12/05/84

Senator HAWKINS. We thank you for participating today, and we are looking forward to another hearing in the near future, and there may be questions that some of the other Senators want to ask you, so do not be alarmed if you get a question from some other Senator or from me or my staff.

You are all professionals and you know the numbers and you know that they are out there and need a lot of help. I am entrusting it to your hands.

This will conclude this hearing. Thank you very much.

[Whereupon, at 12 noon, the subcommittee adjourned.]

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